

# Foster Family Home - Corrective Action Report

Provider ID: 1-160081

Home Name: Maryvin Ancheta, CNA

Review ID: 1-160081-3

98-073 Lokowai Street

Reviewer: David Ayling

Aiea HI 96701

Begin Date: 10/10/2019

Foster Family Home

Required Certificate

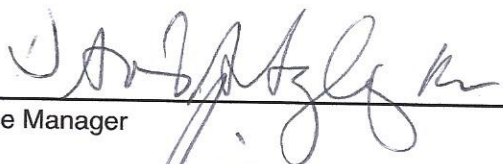
[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

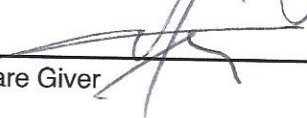
Comment:

Home inspection for a 2 person CCFFH recertification made on 10/10/19.

6.(d)(1)-Home is in compliance with all requirements. Home will receive a 2 bed certification.

  
Compliance Manager

10/10/19  
Date

  
Primary Care Giver

10/10/19  
Date